ANY QUESTIONS PLEASE PAGE THE ENT DUTY PAGER AT 757-988-5588

Adenotonsillar Hypertrophy/Obstructive Sleep Apnea (OSA)

Diagnosis/Definition:

The palatine tonsils are paired lymphatic structures located in the oropharynx and have a physiologic role in antigen processing and immune surveillance. The histologic structure of the tonsils is closely related to this immunologic function. There are no afferent lymphatics, however there are numerous crypts that provide an access port for inhaled and swallowed antigens. Pathology of the tonsils and adenoid most commonly involves infection and/or hyperplasia. Adenotonsillar hypertrophy, especially in children can be managed with adenotonsillectomy with resolution of sleep disordered breathing symptoms.

Initial Diagnosis and Management:

- History: Presence of snoring, restless sleeping behavior, frequent arousals, gasping/struggling to breathe at night, nighttime enuresis (pediatrics), hypertension (adults), fatigue or tired in the morning, difficulty staying awake at work or school, attention deficit problems, poor progression on pediatric growth curve (pediatrics), and obesity (adults). In adults, the use of the Epworth Sleepiness Scale (http://www.stanford.edu/~dement/epworth.html) can be helpful to determine who should be referred for a sleep study.
- Physical Examination: Size (1-4), presence of exudate or cryptic debris, and any asymmetry. The palate should be examined for symmetrical contraction with vocalization
    - Ancillary Tests:
    - o Monospot as appropriate
    - o X-ray of adenoid bed as appropriate (lateral soft tissue of the neck)

- Initial Management: differs for adults versus children

    Adult: surgery for suspected OSA is not the primary management,
    Sleep study and a trial of CPAP should be done **PRIOR** to an ENT consult
    Surgical options usually can only make CPAP more tolerable and are very rarely curative
    If the sleep study shows only snoring which is socially problematic for the patient, a referral to ENT is appropriate as there are surgical options

    Children: Surgery is the primary treatment for pediatric OSA and ENT referral. A trial of singulair and a topical nasal steroid are always a good first-line therapy to consider in pediatric patients as there is some good prospective data supporting their use in medical management of pediatric OSA. As always, a call to the ENT duty pager at **757-988-5588** is always welcomed if there are any questions.

Indications for Specialty Care Referral:

- All Active Duty members who are on CPAP/APAP and are not tolerating their CPAP/APAP pressure setting because of some anatomic findings (i.e. large tonsils, septal deviation)
- Patients who fail CPAP/APAP therapy and alternative therapies are needed
- Children with suspected sleep apnea based on history, please do not obtain a sleep study for children prior to referring as a large majority of children do not require one prior to considering surgical management.

Last Reviewed: **June 2013**
Guidelines require review every 3 years